Approved For Release 2006/11/13::CIA:RDP73-00334R000100130117-4

REPORTS INVENTORY						CONTROL NO.		
						DDC/OL/DECD 10		
PREPARE IN DUPLICATE							DDS/OL/RECD-19	
1. TITLE OF REPORT (if a fill-in report include Form No.)							2. TYPE X STATISTICAL	
Safehouse Statistical						REPORT MARRATIVE MACHINE-NAME LISTING		
3. FUNCTIONAL AREA 2		PERSONNEL TRAINING					ADMIN. GENERAL	
		LOGISTICS		SECURITY			OTHER (specify)	
		MEDICAL 1		FINANCE				
4. NO. OF COPIES PREPA	RED	• FREQUENCY (weekly, monthly, quarterly, etc.) 6.				6. DISTRIBUTION (No. of components not number of copies)		
3		Monthly				1		
						9. DI	STAT	
Columnar - tabul	•	YES IF YES GIVE ADP PROCESSING NO.				Imprest Fund Accounting		
10. PREPARING COMPONENT (include lowest level contributing information to report) [11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)								
Safehouse Section of RECD None								
12. COST FACTORS								
A. MANUAL PREPARATION AND REVIEW COSTS HOURLY WHOURS PER COST PER WE TIMES TO SEE AND ASSESSED ASSESSED.								
# (: 12 ATTE T	RATE X REPORT		REP		X PREPARED		COST PER YEAR	
GS-5.2 3.25		24	78.00		12		936.00	
		B. COSTS C	F COME	PUTER I	PRODUCE	ED RE	EPORTS	
TOTAL COSTS PER YEAR						936.00		
13. COMPLETE DETAILED JINCLUDE DATE REPORT Required by Ager	WAS I	FIRST STARTED AND COM	ORT (in a	addition JHO ESTA	to dire BLISHED	ctive REQUIR	or authority cited in item 9). IF KNOWN, REMENT.	
		14.	FUTUR	E GOAT	S			
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS		
X RETAIN AS IS OTHER (explain) CHANGE						MAN-HOURS DOLLARS		
DISCONTINUE								
16. DATE OF INVENTORY	Щ.	I_ H	Xeenfi	ve Offi	cer. R	еат в	Istate and STAT	
9 October 19 70 pp	ovec		Aonst:	rvettion		0399		

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